

City of San Antonio
Neighborhood Services Department
1400 South Flores (corner of S. Flores and Cevallos)
San Antonio, Texas 78204

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

MANDATORY ORIENTATION SCHEDULE

- 1) Before applications for assistance are processed, all **applicants must attend one mandatory orientation session** before Saturday, October 7, 2006 in order to be considered for assistance through the Owner-Occupied Housing Rehabilitation Program. The orientation session will provide you with information about the Program and give you the opportunity to ask questions regarding the program eligibility requirements.
- 2) Sessions will be held at the Neighborhood Services Department Conference Room located at 1400 S. Flores on the following Thursdays at 5:30 p.m. :

August 17, 2006	September 14, 2006
August 24, 2006	September 21, 2006
August 31, 2006	September 28, 2006
September 7, 2006	
- 3) There will be **no** Orientation sessions conducted on Saturday, October 7, 2006.
- 4) Applications will be accepted on a first-come first-served basis on Saturday, October 7, 2006 beginning at 9 a.m and concluding at 12 noon. All processing will take place at the Neighborhood Services Department offices located at 1400 S. Flores. All applicants who have attended the mandatory orientation session will be processed for assistance.

Office Use Only: Attended Orientation _____

CITY OF SAN ANTONIO
NEIGHBORHOOD SERVICES DEPARTMENT
1400 SOUTH FLORES
SAN ANTONIO, TEXAS 78204

OWNER-OCCUPIED HOUSING REHABILITATION PROGRAM

Program Eligibility Requirements

1. Must have valid picture identification (Texas Driver License or Department of Public Safety Picture Identification card).
2. Must be Owner-Occupied. (No Rental Units)
3. All taxes must be current and paid.
4. Must have Homestead, Over 65, and Disabled Exemptions (if applicable).
5. Must have a Warranty Deed with clear title to the property.
6. If home is mortgaged, balance must not exceed \$8,000.
7. Must have Acceptable Credit (no bankruptcy, judgments) or if no credit history has been established, a 12-month current payment history for rent and/or utilities will be the standard with no more than one late payment in a year's time.
8. Must have current property insurance or be able to provide it within 30 days prior to assistance.
9. Must be U S Citizen and/or Legal Resident Alien.
10. Property must be within the city limits of San Antonio, and properly zoned residential.
11. Must not exceed the Program Income Limits (see below):

PROGRAM INCOME LIMITS (revised 3/2006)

Family of	1	2	3	4	5	6	7	8
Annual	\$29,736	\$33,984	\$38,232	\$42,480	\$45,878	\$49,277	\$52,675	\$56,074
Monthly	\$2,478	\$2,832	\$3,186	\$3,540	\$3,823	\$4,106	\$4,390	\$4,673

(Income table based on 80% of HUD published median income for San Antonio)

NOTE: All program assistance is provided in the form of a loan

CHECKLIST

Owner-Occupied Housing Rehabilitation Program

The following documents **MUST** accompany your application before it can be processed.

- ☐ Current Picture I.D. (Texas Driver's License or Texas Department of Public Safety I.D.)
- ☐ Application for Home Improvement Loan (completed and signed)
- ☐ Consent to Release Information (signed)
- ☐ Verification of Employment if employed (signed and completed by the employer—both husband and wife, and all members in household)
- ☐ Copies of last two (2) pay stubs (both husband and wife, and all members in household if applicable)
 - ☐ If self-employed, complete copy of Income tax returns for the past two (2) years
- ☐ Copy of all public assistance or retirement checks (Social Security, Civil Service, etc.) or the award letter from the supportive Agency stating the current amount receiving
- ☐ If you have rental income, a notarized statement of the amount received monthly will be required. (Do you pay utilities? What is the location of your rental property? What is the mortgage balance and monthly payment? How much do you pay annually for taxes and insurance?)
- ☐ If you are divorced, a copy of the divorce decree and the Deed from your spouse. If you receive Child support, verification is required
- ☐ Copy of paid utility bills (gas, electricity, water) for the last two (2) months
- ☐ Copy of paid receipts for all real estate taxes (County, City and School)
- ☐ Copy of Home Insurance Policy
- ☐ Warranty Deed – showing clear title or vendor's lien with a mortgage balance of \$8,000, or less (if mortgaged, must bring in payment booklet)

If you cannot be physically present for the application intake process, then you **must** provide your representative with a copy of a **Power of Attorney**.

Please call **207-5404** if you need assistance in completing this application. If you wish to speak to someone in person regarding the application, please visit our office at 1400 South Flores (between Cevallos and S. Alamo), Monday - Friday between the hours of 8:00 a.m. and 4:30 p.m.

Note: Incomplete applications will not be processed nor accepted.

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**City of San Antonio
Neighborhood Services Department
OWNER OCCUPIED HOUSING REHABILITATION PROGRAM**

FOR OFFICE USE ONLY

Census Tract: _____

SHTA/Area: _____

Precinct: _____

Zoning: _____

Council District: _____

DATE OF APPLICATION _____

REFERRED BY _____

APPLICANT'S NAME		DATE OF BIRTH		SPOUSE		DATE OF BIRTH	
ADDRESS (Number, Street, Zip)				HOME PHONE		NAME & PHONE NO. OF RELATIVE	
MARITAL STATUS (Check One) <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law				DEPENDENTS No. _____ Ages _____ OTHER INDIVIDUALS IN HOUSEHOLD: No. _____ Ages _____			
NAME AND ADDRESS OF EMPLOYER				NAME AND ADDRESS OF EMPLOYER			
POSITION OR TITLE		NO. OF YEARS		POSITION OR TITLE		NO. OF YEARS	
SOCIAL SECURITY NUMBER		WORK PHONE		SOCIAL SECURITY NUMBER		WORK PHONE	
TOTAL GROSS MONTHLY INCOME				MORTGAGE/HOUSE PAYMENTS			
<u>SOURCE</u>	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>TOTAL</u>	NAME, ADDRESS, AND ZIP CODE OF NOTEHOLDER Date of Purchase _____ Balance of Mortgage \$ _____ Total Monthly Payment \$ _____			
Employment *	\$ _____	\$ _____	\$ _____				
Dividends/Interest	\$ _____	\$ _____	\$ _____				
Rental	\$ _____	\$ _____	\$ _____				
Social Security	\$ _____	\$ _____	\$ _____				
Retirement	\$ _____	\$ _____	\$ _____				
VA, Civil Service	\$ _____	\$ _____	\$ _____				
OTHER **	\$ _____	\$ _____	\$ _____				
TOTAL INCOME	\$ _____	\$ _____	\$ _____				

* If you have been employed in your current position for less than two years, please provide the name and address of your previous employer(s).

** Describe "Other" income and provide the recipient's name, the source of the money, and the monthly amount received.

NOTICE: "OTHER" INCOME includes alimony, child support, or separate maintenance. If you do not choose to have it considered as a basis for repaying this loan, please mark an "X" next to the amount received.

[illegible]

CONSENT TO RELEASE INFORMATION

I hereby authorize the release of information from your records to the City of San Antonio Neighborhood Services Department (NSD). This authorization is made in connection with an application that has been made for assistance in repairing my home.

Your prompt reply containing the required information will be appreciated.

Sincerely,

Signature of Applicant

Social Security Number

Signature of Applicant

Social Security Number

Applicant's Home Address

LIST ALL OTHER RESIDENTS AND THEIR INCOMES BELOW

(If more room is needed, please continue on back.)

Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....
Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

.....
Name of Resident _____ Age: _____

Relationship to Applicant _____

How long has this person lived with you? _____ If less than 12 months do you anticipate that this person will move within the next year? _____

Resident Social Security number: _____

Monthly Gross Income \$ _____

Employer's Name and Address: _____

Type of Public Assistance: (Social Security, AFDC, CSA, etc.) _____

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REQUEST FOR VERIFICATION OF EMPLOYMENT

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE		EMPLOYER'S NAME, ADDRESS, ZIP CODE	
AUTHORIZATION BY APPLICANT I authorize my employer to furnish the data regarding my employment as requested below. Signature _____ Social Security No. _____ Date _____		NOTE TO EMPLOYER The applicant identified has applied for a home improvement loan. The applicant has authorized the Neighborhood Services Department (NSD) to obtain verification from any source named in the application. Your verification of employment is for the confidential use of this Department. Please furnish the data requested and return this form, using the self-addressed envelope provided.	
EMPLOYER'S VERIFICATION			
Position held		Rate of Pay (if employee works less than 40 hours per week, please indicate the average hours worked.)	
Dates of Employment FROM _____ TO _____		Hourly \$ _____	Hrs. Per Week _____ Annual \$ _____
Probability of continued employment		Additional Compensation (Actual amounts received past 12 months)	
REMARKS		Overtime	\$ _____
		Commissions	\$ _____
		Bonus	\$ _____
		If applicant is in military service, provide income on monthly basis as follows:	
		Base Pay	\$ _____
		Quarters and Subsistence	\$ _____
		Flight/Hazard Duty Pay	\$ _____
Signature of Employer The above information is furnished in strict confidence, in response to your request. Signature _____ Title _____ Date _____		RETURN TO: CITY OF SAN ANTONIO NEIGHBORHOOD SERVICES DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 ATTENTION: Owner Occupied Housing Rehabilitation Program	

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Probability of continued employment		Additional Compensation (Actual amounts received past 12 months)	
REMARKS		Overtime	\$ _____
		Commissions	\$ _____
		Bonus	\$ _____
		If applicant is in military service, provide income on monthly basis as follows:	
		Base Pay \$ _____	
Quarters and Subsistence \$ _____			
Flight/Hazard Duty Pay \$ _____			
Signature of Employer The above information is furnished in strict confidence, in response to your request. Signature _____ Title _____ Date _____		RETURN TO: CITY OF SAN ANTONIO NEIGHBORHOOD SERVICES DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 ATTENTION: Owner Occupied Housing Rehabilitation Program	

REQUEST FOR VERIFICATION OF MORTGAGE OR DEED OF TRUST

DATE OF THIS REQUEST _____

APPLICANT'S NAME, ADDRESS, ZIP CODE 		MORTGAGEE'S NAME, ADDRESS, ZIP CODE ACCOUNT NO. _____	
AUTHORIZATION BY APPLICANT I authorize the mortgagee to furnish the information regarding the mortgage identified above. Signature _____ Date _____		NOTE TO MORTGAGEE/NOTE HOLDER The applicant identified herein has applied for a home improvement loan. The applicant has authorized the Neighborhood Services Department to obtain verification of the status of existing mortgages on the property from any source named in the application. The requested information in this verification of mortgage is for the confidential use of this Department. Please furnish the information requested, and return in the self-addressed envelope provided.	
MORTGAGE DATA			
<u>Date of Mortgage</u>	Date of Maturity	Type of Mortgage: <input type="checkbox"/> CONVENTIONAL <input type="checkbox"/> FHA <input type="checkbox"/> CONTRACT OF SALE <input type="checkbox"/> VA	
Original Mortgage Amount \$ _____	Present Balance \$ _____		
<u>PAYMENTS</u> Principal and Interest \$ _____ Mortgage Insurance Premium \$ _____ Real Estate Taxes \$ _____ Property Insurance \$ _____ TOTAL MONTHLY MORTGAGE \$ _____		Are payments current? <input type="checkbox"/> YES <input type="checkbox"/> NO If not current, amount in arrears \$ _____ Number of payments in arrears _____	
REMARKS 		State the amount of termination fee or prepayment penalty payable upon full repayment of the loan. \$ _____	
Signature of Mortgagee Signature _____ Title _____ Date _____		Has this account been satisfactory? <input type="checkbox"/> YES <input type="checkbox"/> NO RETURN TO: <div style="text-align: center;"> CITY OF SAN ANTONIO NEIGHBORHOOD SERVICES DEPARTMENT 1400 SOUTH FLORES SAN ANTONIO, TEXAS 78204 </div> ATTENTION: Owner Occupied Housing Rehabilitation Program	